

EXPOSURE CONTROL PLAN

1.0 PURPOSE

In compliance with CFR 1910.1030 (c) (1) (i) this Exposure Control Plan is designed to eliminate or minimize employee exposure to Bloodborne Pathogens.

2.0 GENERAL

This plan applies to all elements of the DEMA. Although the National Guard is most specifically indicated, other elements are affected. Any employee who is exposed must receive an appropriate response as is provided in paragraph 6.7 of this plan.

2.1 Funding

Funding for the procedures and materials described herein is the responsibility of the funding authority for the affected program. (For example, an M-day incident or activity will be funded from M-day resources; a full-time employee's expenses will be funded from the fund source of that employee).

2.2 Records

Records will be kept in accordance with procedures established in paragraph 6.8 and those of the personnel office of records of the affected employee. In the case of a dual status employee (eg. state employee and National Guard member) where there is a requirement under both systems, appropriate records will be kept by both records custodians.

3.0 RESPONSIBILITY

Commanders/Program Managers are responsible for establishing appropriate Standing Operating Procedures (SOP) and training programs to ensure compliance. They are also responsible to submit changes to the listing of affected personnel/ positions.

DEMA Resource Manager is responsible to review and update this plan at least annually and whenever necessary to reflect new and modified tasks and procedures which affect occupational exposure. The Resource Manager may also provide access to State of Arizona Train-The-Trainer programs.

DEFINITIONS

Commander--refers to the supervisor of the affected functional area and the corresponding higher chain of command.

Employee--refers to soldiers and airmen/women of the Arizona National Guard.

Employer--refers to the chain of command.

5.0 AFFECTED JOB CLASSIFICATIONS

The job classifications within DEMA organization that are reasonably anticipated to have exposure to bloodborne pathogens are listed in Appendix 2 (see CFR 1910.1030 (b) Definitions for Occupational Exposure and Other Potentially Infectious Material).

SCHEDULE FOR IMPLEMENTATION

The schedule for implementation of the methods of compliance is as follows

6.1 Universal Precautions

Universal precautions shall be observed to prevent contact with blood or Other Potentially Infectious Materials (OPIM). Where it is difficult to differentiate between body fluid types, all such body fluids shall be considered potentially infectious materials.

6.2 Work Practice

The following engineering or work practice controls have been established to eliminate or minimize exposure (see CFR 1910.1030(d)(2)(i) through (xiv) App II):

- a. Handwashing facilities or antiseptic soap will be provided for immediate use after contamination.
- b. Employees shall wash hands immediately after removing gloves.
- c. Contaminated needles or other sharps shall not be bent, recapped or removed except:
 - By use of the mechanical devices that we have or by the one handed technique in accordance with published SOP.
 - That it can be documented there is no feasible alternative.
- d. Contaminated sharps shall be placed in sharps containers meeting the specifications of CFR 1910.1030(d)(2)(viii).

- e. Eating, drinking, smoking or applying cosmetics or lip balm or handling contact lenses is prohibited in the work areas.
- f. Food or drink shall not be kept in the refrigerator, freezers, on shelves, cabinets or on counter tops or bench tops where blood or OPIM may be present.
- g. All procedures involving blood or OPIM shall be performed in such a manner as to minimize splashing, spattering, spraying or generation of droplets of these substances.
- h. Mouth pipetting is prohibited
- i. Specimens of blood or OPIM shall be placed in leakproof containers. If such containers should leak, they must be placed in a second non-permeable container.

Any equipment, samples, waste, etc. shall be examined before they leave the premises to make sure they are not contaminated. Labels as specified in CFR 1910.1030(g) shall be affixed to these materials to warn others handling them.

- k. Any employee having contact with blood or OPIM shall thoroughly wash their hands, faces or other exposed skin surface, as soon as possible after contact.

These engineering or work practice controls will be annually reviewed and updated as new information becomes available and/or when new employee positions with the potential for exposure are created.

6.3 Personal Protective equipment (PPE)

- a. All PPE appropriate to protect against reasonably anticipated blood or OPIM exposure shall be provided, and worn during times of potential exposure. (That is gloves, gowns, laboratory coats, face shields, goggles or eye glass side shields, surgical caps or hoods and/or shoe covers or boots where gross contamination can be anticipated).
- b. It is the Commander's responsibility to ensure that the appropriate PPE is available in the proper sizes. (You must let us know what sizes you require).
- c. Commanders shall ensure that all PPE is used by the employee in those areas where exposure to bloodborne pathogens is likely to occur. NOTE: If, in the employee's professional judgment the use of the PPE would have prevented the delivery of healthcare, public safety services, or increased the hazard to the worker or co-worker, the commander will review the circumstances and decide accordingly.
- d. Command SOPs will provide for any cleaning, laundering or disposal of contaminated PPE. There is no cost to the employee for this service.

- e. If PPE becomes damaged (torn, broken, leaks occur, etc.) it will be replaced or restored to its original effectiveness.
 - f. If protective garments become saturated or penetrated by blood or OPIM, the PPE shall be removed immediately or as soon as feasible and disposed of in an appropriate container.
 - g. All PPE shall be removed prior to leaving the work area. Such PPE shall be placed in the appropriate area or storage container for laundering, storage, decontamination or disposal.
1. Gloves shall be worn when it is reasonably anticipated that the employee may have hand contact with blood or OPIM, mucus membranes or non-intact skin, when performing vascular access procedures, and when handling or touching contaminated items or surfaces.
 - Disposable (single use) gloves such as surgical or examination gloves shall be replaced as soon as practical when contaminated, torn, punctured, or when their ability to function as a barrier is compromised.
 - The single use gloves shall not be used more than once and shall not be washed.
 - Utility gloves shall be used for handling contaminated waste, clean-up procedures, etc. These gloves shall be washed, disinfected-and allowed to dry before reuse. They shall be replaced as soon as their integrity is compromised.
 2. Masks, Eye Protection and Face Shields--Whenever splashes, spray, spatter or droplets of blood or OPIM are expected to be generated, the appropriate masks, eye protection or face shields shall be used.
 3. Gowns, aprons, and Other Protective Body Clothing--Appropriate protective clothing will be used depending on the task and degree of exposure anticipated. NOTE: The employer must determine the degree of-potential exposure to employees.

6.4 Houskeeping

- a. All equipment and work surfaces that have become overtly contaminated with blood or OPIM shall be cleaned and disinfected as soon as feasible, as well as at the end of the work shift if the surfaces have become contaminated since the last cleaning. A dilute bleach solution (one part bleach to 100 parts water) is best for this purpose.

- b. Any protective coverings, such as plastic wrap, aluminum foil, or imperviously-backed absorbent paper used to cover equipment and/or surfaces shall be removed and replaced when overtly contaminated or at the end of the shift.
- c. All pails, cans, bins or similar receptacles intended for reuse shall be inspected, cleaned, and decontaminated immediately or as soon as feasible when visibly contaminated.
- d. Broken glass shall not be picked up by hand but shall be swept up or picked up with tongs.
- e. Reusable sharps shall not be stored or processed in such a manner that requires the employee to reach by hand into the container where these sharps have been placed.
- f. Bags to be used for regulated waste are red or have the biohazard symbol on them; or a placard, sign or tag shall be affixed to the bag pursuant to CFR 1910.1030 (g) (1) (i) (e).

6.5 Regulated Waste (see definition in the standard)

- a. Contaminated sharps shall be placed in USED SHARPS containers.
 - 1. Used sharps containers are located as close as feasible to the immediate area where they are used.
- b. All other regulated waste shall be placed in leakproof containers which are closable and labeled or color-coded.
- c. All regulated waste shall be disposed of in accordance with applicable City, County Health Department, and State Department of Environmental Quality regulations.
- d. Sharps containers will not be filled past three-fourths full. They will be checked monthly to ensure that sharps containers are not filled past three-fourths full.

6.6 Vaccination and Medical Follow-up

- a. There will be no cost to the employee for hepatitis B vaccinations. If an employee does not wish to receive the hepatitis B vaccinations at the time that they are initially offered to that employee, the employee must sign a Declination form (see Appendix A of the standard). This Declination form is not a waiver of employer responsibilities and any employee who initially declines to receive the hepatitis B vaccinations may receive the vaccinations at any time in the future while still employed at this facility as long as the employee has reasonably anticipated

occupational exposure to blood or OPIM at the time they request to receive the vaccination.

- b. If there has been an exposure incident, the employee is entitled to a confidential medical evaluation and follow-up. Employees must report exposure incidents to their supervisor immediately.

6.7 Information and Training

The employer shall provide employees with information and training including the following elements:

- a. An accessible copy of the regulatory text of the Bloodborne Pathogen standard and an explanation of its contents.
- b. A general explanation of the epidemiology and symptoms of bloodborne diseases
- c. An explanation of the modes of transmission of bloodborne pathogens.
- d. An explanation of DEMA exposure control plan and the means by which the employee can obtain a copy of the written plan.
- e. An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and OPIM.
- f. An explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, work practices, and personal protective equipment.
- g. Information on the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment.
- h. An explanation of the basis for selection of personal protective equipment.
- i. Information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine and vaccination will be offered free of charge.
- j. Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials;
- k. An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available.

Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident.

- m. An explanation of the signs and labels and/or color coding required by paragraph CFR 1910.1030 (g) (vii) (1).
- n. An opportunity for interactive questions and answers with the person conducting the training session.

6.8 Recordkeeping

- a. Medical records for all employees covered under this standard will be maintained for the period of employment plus 30 years. These records are confidential. Medical records will be maintained in accordance with the procedures established for the functional area of the affected activity (ie., ANG regulations govern ANG medical records).
- b. Training records for employees covered under this standard will be maintained for at least three years and are not confidential.

7.0 INCIDENTS

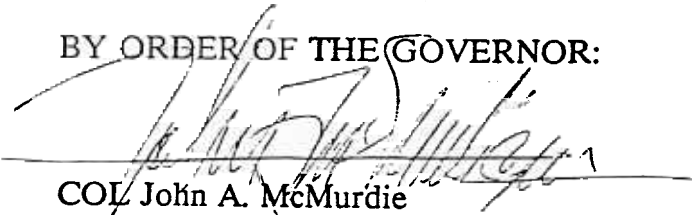
The corresponding state surgeon (Army or Air) will evaluate every exposure incident as required by paragraph (f) (3) (i) of this standard, describing:

- a. Circumstances surrounding the incident.
- b. What PPE was the employee wearing?
- c. Were engineering controls (ie. used sharps containers) in place at the time of the incident?
- d. Were established work practices (ie. handwashing) in place at the time of the incident?
- e. Could the incident have been avoided?
- f. Changes recommended to avoid similar future incidents.
- g. Identification and documentation of the source individual, unless the employer can establish that identification is not feasible or prohibited by state or local law.
 - 1. The source individual's blood shall be tested as soon as feasible for HBV and HIV.
 - 2. Results of the source individual's testing shall be made available to the exposed employee.

- h. The exposed employee's blood shall be collected and tested as soon as feasible after consent is obtained.
- i. Counseling and evaluation of reported illness will be offered to the exposed employee.

BY ORDER OF THE GOVERNOR:

THE ADJUTANT GENERAL



COL John A. McMurdie
Resource Manager

Appendix 2 Affected Job Classifications

Project Challenge

Nurse

161 ARG

161 SPS All Security Personnel

Clinic All Personnel

Fire Department All Firefighter Personnel

162 FG

162 SPS All Security Personnel

Clinic All Personnel

Fire Department All Personnel

107 ACS

Independent Medical Duty Tech

Field Medic

111 ATCF

Field Medic

Camp Navajo

Fire Department All Personnel

Military Police All Personnel

HHD Medical Personnel

923 Med Det

All Personnel

924 Med Det

All Personnel

HQ STARC

State Surgeon

HSLD 175 Med Bde

All Personnel

855 MP Co.

Combat Medical Specialist

WATTS

Clinic All Personnel

385 Avn Gp

Flight Surgeon
Medical Specialist
Emergency Treatment NCO

1/285 Avn Gp

Medical Specialist

996 Med Co.

Field Surgeon
Dental Officer
Physician Assistant
Medical Specialist
Emergency Treatment NCO
Aide Evacuation NCO
Section NCO
Dispensary NCO
Medical NCO
Practical Nurse
Wardmaster
Operating Rm Specialist
Dental Specialist
Preventive Medicine Specialist

Potential

Litter Bearer
Ambulance Driver
Plt Sgt
1SG

153 FA Bde

Bde Surgeon

1/180 FA Bn

Physician Assistant
Combat Med Specialist
Medical Specialist
Emergency Treatment NCO

| CLEANING SCHEDULE | | | |
|-------------------|-------------------------------------|---------------------------------------|-------------------------|
| AREA | SCHEDULED CLEANING (DAY/TIME) | CLEANERS AND DISINFECTANTS USED | SPECIAL INSTRUCTIONS |
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TRAINING FORMAT

- A. The purpose of the law is to protect employees who have reasonably anticipated exposure to blood or OPIM (Other Potentially Infectious Material). This copy is available for your review. It is kept in each clinic, with each command element identified in Appendix 2, with each division director and with the state Resource Manager.
- B. A general explanation of the epidemiology and symptoms of bloodborne diseases.
- C. Explanation of modes of transmission:
 - 1. Hepatitis B, HIV/AIDS, Hepatitis C, Syphilis, and Malaria are from examples of bloodborne diseases. They are spread infected individuals who very often have no signs or symptoms of infection or illness to non-infected individuals by:
 - a. Needlestick, sharp object cut, or other parenteral exposure.
 - b. Splash or splatter into or on mucous membranes such as the eyes, nose, and mouth.
 - c. Splash or splatter to non-intact skin abrasion, cut, pimple).
 - d. Illegal intravenous drug use.
 - e. Sexual contact.
 - f. An infected mother to her baby.
 - 2. The symptoms of Hepatitis B infection include abdominal pain or discomfort, jaundice, flu-like symptoms, dark urine, fatigue, joint pain, rash and fever.
 - 3. The symptoms of HIV infection include a mononucleosis-type illness with fever, swollen lymph glands, joint pain, diarrhea, fatigue and rash.
- D. Explanation of the employer's "Exposure Control Plan" and how the employee can obtain a copy of the written plan.

Explanation of where the written Exposure Control Plan is located. It is available for review at anytime. The Exposure Control Plan describes who is covered under the standard and what protective equipment will be provided and when to use it. It also describes housekeeping procedures, training information procedures, and recordkeeping.
- E. Explanation of the appropriate methods for recognizing tasks that may involve exposure to blood or, OPIM and the Selection of personal protective equipment, as it pertains to the specific worksite of the employee receiving the training.
- F. Explanation of the use and limitations of the methods that will prevent or reduce exposures.

G. Information on the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment.

H Information on the Hepatitis B vaccine:

A safe immunogenic and effective Hepatitis B vaccine produced in yeast is currently used. HBV important part of any Hepatitis B gloving and other protective devices cannot completely prevent puncture injuries. The vaccination is offered free of cost to you. It consists of 3 arm inoculations - 1st as soon as possible, 2nd after one-month, and the 3rd at 6 months, or as the prescribing information indicates. The employee is encouraged to take advantage of this protection. If the employee chooses not to receive the vaccination series, he/she will be required to sign a declination form. If in the future, the employer should change his/her mind, he/she can still receive the vaccination free of charge.

Information on the appropriate actions to take and persons to contact in an emergency involving blood or OPIM.

J. Explanation of procedures to follow in the event of an exposure incident and post-exposure evaluation and follow-up. An exposure incident is a specific eye, mouth, other mucus membrane, non-intact skin, or parenteral contact with blood or OPIM and will require the following procedures:

1. Report the incident immediately (to whom).
2. The supervisor will attempt to get a blood draw from the source individual and make the HBV and HIV status of that person known to your treating healthcare professional.
3. The supervisor will write up a description of the incident.
4. The employee will be offered a Hepatitis B and HIV screen.
5. If the employee declines the HIV screen, but allows an HBV draw, the Commander is required to preserve that sample for 90 days in case the employee changes his/her mind.
6. The employee will be offered medical evaluation and counseling at no cost to him/her.
7. All test results will be maintained confidential.

K. Explanation of, the sign and labels and/or color-coding. Any bag or container which is red or has the biological hazard warning label on it is for regulated waste.

L. This is the question and answer portion of the training. If the employee has any questions about the material covered in this training, please take this opportunity to get them answered.

TRAINING RECORD SAMPLE FORMAT

Each training session will be documented with the following information:

1. Date of the training_____
2. Name of the trainer and the trainer's qualifications.
3. Summary of the contents of the training (see reverse side).
(The following page may be used).
4. Names and job titles of the attendees:

SUMMARY OF THE CONTENTS OF THE TRAINING

An accessible copy of the regulatory text of this standard and an explanation of its contents.

A general explanation of the epidemiology and symptoms of bloodborne diseases

- (C) An explanation of the modes of transmission of bloodborne pathogens.
- (D) An explanation of the employer's exposure control plan and the means by which the employee can obtain a copy of the written plan.
- (E) An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials.

An explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, work practices, and personal protective equipment.

- (G) Information on the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment.
- (H) An explanation of the basis for selection of personal protective equipment.
- (I) Information of the hepatitis B vaccine, including information on its efficiency, safety, method of administration, the benefits of being vaccinated, and that the vaccine and the vaccination will be offered free of charge.
- (J) Information of the appropriate actions to take and the persons to contact in an emergency involving blood or other potentially infectious materials.
- (K) An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available.
- (L) Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident.
- (M) An explanation of the signs and labels and/or color coding required by paragraph (g)(1).
- (N) An opportunity for interactive questions and answers with the person conducting the training session.

Employee name _____

Date of Incident _____

EXPOSURE INCIDENT EVALUATION FORM

Every reported exposure incident will be evaluated as required by paragraph (f)(3)(i) of 29 CFR 1910.1030 or the Bloodborne Pathogen Standard. The evaluations will consist of:

1. Describe the circumstances surrounding the incident. _____

2. What personal protective equipment was the employee wearing? _____

3. An evaluation of the engineering controls and work practices in place at the time of the incident. i.e. used sharps containers readily accessible, if engineering controls' failure contributed to the incident. _____

4. Could the incident have been avoided? If so, how? _____

5. Are there any changes recommended to avoid similar future incidents? _____

6. Name of source individual, unless the employer can establish that identification is not feasible or is prohibited by law. _____

7. The source individual's blood shall be tested as soon as possible after consent has been obtained to determine HBV and HIV status. The results of the source individual's testing shall be made available to the exposed employee. Source individual agreed to blood draw:

| | | | |
|---------|-----|----|------------------|
| For HIV | Yes | No | Date Drawn _____ |
| | | | Results _____ |
| | | | _____ |

| | | | |
|---------|-----|----|------------------|
| For HBV | Yes | No | Date Drawn _____ |
| | | | Results _____ |
| | | | _____ |
8. The exposed employee's blood shall be collected and tested as soon as feasible after consent is obtained to determine HBV and HIV status.
9. The exposed employee will be offered medical evaluation and follow-up relative to the incident at no cost to the employee.

MEDICAL RECORD

SSN #

1. Hepatitis B Vaccination Dates
1st _____
2nd _____
3rd _____
2. Or any medical records relative to the employee's ability to receive HBV vaccination.
3. Or "Declination Letter".

- A. A copy of results of examinations, medical testing, and follow-up procedures as required (f)(3).
- B. The employer's copy of the healthcare professional written opinion as required by (f)(5).
- C. A copy of the information provided to the healthcare professional as required by (f)(4)(ii)(B), (C), and (D).

HBV VACCINATION DECLINATION FORM

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Employee Name

Date

NOTICE TO EMPLOYEES

Re: Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS)

Employees are notified that a claim may be made for a condition, infection, disease or disability involving or related to the Human Immunodeficiency Virus (HIV) or Acquired Immune Deficiency Syndrome (AIDS) within the provisions of the Arizona Workers' Compensation Law, and the rules of The Industrial Commission of Arizona. Such a claim shall include the occurrence of a significant exposure at work, which generally means contact of an employee's ruptured or broken skin or mucous membrane with a person's blood, semen, vaginal fluid, surgical fluid(s) or any other fluid(s) containing blood. **AN EMPLOYEE MUST CONSULT A PHYSICIAN TO SUPPORT A CLAIM.** Claims cannot arise from sexual activity or illegal drug use.

Certain classes of employees may more easily establish a claim related to HIV or AIDS, if they meet the following requirements:

The employee's regular course of employment involves handling or exposure to blood, semen, vaginal fluid, surgical fluid(s) or any other fluid(s) containing blood. Included in this category are health care providers, forensic laboratory workers, fire fighters, law enforcement officers, emergency medical technicians, paramedics and correctional officers.

2. **NO LATER THAN TEN (10) CALENDAR DAYS** after a possible significant exposure which arises out of and in the course of employment, the employee reports in writing to the employer the details of the exposure as provided by Commission rules. Reporting forms are available at the office of this employer or from the Industrial Commission of Arizona, 800 W. Washington, Phoenix, Arizona 85007, (602) 542-4661 or 2675 E. Broadway, Tucson, Arizona 85716, (602) 628-5188. If an employee chooses not to complete the reporting form, that employee may be at risk of losing a prima facie claim.
3. **NO LATER THAN TEN (10) CALENDAR DAYS** after the possible significant exposure the employee has blood drawn, and **NO LATER THAN THIRTY (30) CALENDAR DAYS** the blood is tested for **HIV** by antibody testing and the test results are negative.
4. **NO LATER THAN EIGHTEEN (18) MONTHS** after the date of the possible significant exposure at work, the employee is retested and the results of the test are HIV positive or the employee has been diagnosed as positive for the presence of HIV

KEEP POSTED IN CONSPICUOUS PLACE
NEXT TO WORKERS' COMPENSATION NOTICE TO EMPLOYEES
THIS NOTICE APPROVED BY THE INDUSTRIAL
COMMISSION OF ARIZONA FOR CARRIER USE